

Original article

A qualitative Study of the Recent Midwifery Graduates' lived Experiences During Transition Period

Paywand Safeen Naqshbandi 1, Muaf Abdulla Karim 2, 3 *, Dizar Omer Qadir 4.

1. BSc N, MSc in Maternity Nursing, Erbil Polytechnic University, the Kurdistan Region of Iraq

2. BSc N, MSc N, PhD Nursing, College of Nursing, Al-Kitab University, Iraq.

3. BSc N, MSc N, PhD Nursing, Director of Minister's office, Health, Ministry of Health, Kurdistan Region-Iraq.

4. Assistant Lecturer, College of Nursing, Hawler Medical University 4 General dentist, Mashhad, Iran.

*correspondence: **Muaf Abdulla Karim**, College of Nursing, Al-Kitab University, Iraq. Email: muafabdulla82@uoalkitab.edu.iq

Abstract:

Introduction: Given the high childbirth rates and demanding environment of maternity wards, newly graduated midwives usually undergo much stress. To prepare such midwives, they are required to participate in a transition period program following their graduation. The current study was aimed at analyzing the lived experiences newly graduated midwives during their transition period in order to come up with a deep understanding of their feelings, concerns, and needs.

Methods: The present qualitative phenomenological study was participated by 15 newly graduated female midwives women who were doing their transition period in Maternity Hospital of Erbil during December to April 2018. Semi-structured in-depth interviews were conducted to collect required data. Van Manen's method was used to analyze the collected data.

Findings: Data analysis gave way to appearance of two main themes namely "Dilemma of staying in or quitting the midwifery profession" and "Struggle to gain confidence through supportive environment".

Conclusion: Midwifery department is a stressful environment which can have negative effects on the newly graduated midwives; therefore, they need to be provided with supportive environments, helping such midwives to gain confidence and stay in the profession.

Keywords: Newly graduated midwives, lived experience, Qualitative study, Van Manen's method.

Introduction:

Transition period refers to an educational-practical program that is provided to newly graduated midwives in hospitals and clinics, aimed at helping them put their theoretical knowledge into practice [1-3]. Newly graduated midwives have been reported to experience a lot of stress because they are given a large body of responsibilities once

they start working in maternity departments [4]. Novice midwives can also be negatively affected by the feelings of inadequacy, nervousness, and insecurity that are associated with transition period [5]. In addition, because maternity departments require the personnel to develop different relationships, new midwives need to be flexible and adaptive [6]. Moreover, the new graduate midwives may fail to adapt

themselves to the new environment because they are not sure about their roles in this environment [7, 8].

Research has shown that fresh midwifery graduates usually experience stress and burnout given the increasing rate of childbirth [9, 10], leading to an outstanding decrease in their wellbeing [11]. It has also been reported that there is a direct relationship between the quality and safety of the women at labor and the neonates and the midwives' wellbeing [12], which can be justified through the fact that distressed midwives fail to carry out their responsibilities well [13].

Recent midwifery graduates have been reported to be interested in promoting their self-confidence and acquiring professional and personal skills so that they can accomplish their duties at maternity wards [14, 15]. Self-confidence along with theoretical knowledge is necessary for new midwifery graduates so that they can make right decisions in clinical settings [16]. Lack of a supportive environment where newly graduated midwives are not given enough opportunities to make decisions and have to obey the senior midwives' orders can ruin their self-confidence [17]. Furthermore, it has been shown that recently graduated midwives can deliver better services if they are provided with a well-structured support program [18]. In addition, if the working environment help new midwives establish meaningful social relationships and attract support and trust, they will develop their practical skills more vigorously [19]. In this regard, providing new midwifery graduates

with supportive transition programs can lead to job satisfaction [20].

Lived experiences of new midwifery graduates have rarely been studied so as to achieve deeper understanding of their issues, concerns, perceptions, and needs during their transition period. In this regard, the current qualitative study was conducted in order to analyze the lived experiences of recently graduated midwives during transition period so as to understand their concerns, perceptions, feelings, and needs.

Methods:

Study design and setting

The current qualitative phenomenological study was conducted on new midwifery graduates spending their transition period in maternity departments and clinics of Erbil, Iraqi Kurdistan from December to April 2018.

Participants

The study was carried out on 15 newly graduated midwives who were selected from among all the midwives who had newly graduated and received their diplomas from Erbil Polytechnic Institute of Erbil, the Kurdistan Region of Iraq. The selected midwives were taking transition period program which was held by Erbil Polytechnic Institute in Maternity Hospital of Erbil. A convenience sampling method was used to select the participants. The inclusion criteria were being a newly graduated midwife and willingness to take part in the study.

Data collection

Data collection in phenomenological studies is performed by conducting semi-structured in-depth interview [21]; therefore, the participants were interviewed face-to-face. In so doing, open-ended questions were used to specify the direction of the interviews and achieve deeper insight into the experiences of the new midwifery graduates. Kurdish was the language of the interviews. The transcript of the interviews were translated into English.

Data analysis

Van Manen's method, which is a hermeneutic approach, is used to analyze qualitative data and reach a high level of abstraction [22]. Van Manen's method has six methodological steps including "the nature of lived experience is approached", "experience is investigated as it is lived", "the essential themes describing the phenomenon are extracted", "the phenomenon is described through writing and rewriting", "a strong and orientated relation to the phenomenon is maintained", and "the research context is balanced by taking the parts and the whole into account".

Trustworthiness

The rigor of the study was ensured through Lincoln and Guba's four-criterion gold standard which includes transferability, conformability, dependability, and credibility [23]. Moreover, member- and peer-checking techniques proposed by Devadas (2016) [24] were employed to make sure about the credibility of the findings which was also ensured through the researcher's prolonged engagement with the data and referral to Maternity Hospital of

Erbil to communicate with the participants effectively. Also, given the researcher's credibility was achieved because she had experience in midwifery profession.

Ethical considerations

In order to take into account the ethical considerations, the participants were provided with thorough explanation about the study's aims, method of data collection, their information confidentiality, and their right to withdraw from the study at any phase. In addition, the participants gave their informed participation consent. They also agreed to record the interviews. Furthermore, a unique code (Midwife 1, Midwife 2, etc.) was assigned for each participant in order to keep the collected data anonymous.

Findings:

As a result of thematic analysis of the interviews via Van Manen's method, two main themes emerged: "Dilemma of staying in or quitting the midwifery profession" and "Struggle to gain confidence through supportive environment".

Dilemma of staying in or quitting the midwifery profession

Midwifery was referred to as a demanding profession by almost all of the midwives who stated that they had a hard time adapting themselves to the maternity environment because they had to shoulder a large number of responsibilities. In this regard, Midwife 4 revealed:

"Midwives need to be highly adaptive and flexible because midwifery is a demanding profession. This nature of the profession makes me feel useless at adapting myself to

the environment at times, but I'm still hopeful to develop quickly."

In this regard, Midwife 9 related:

"Because a large number of babies are born every day, we must work really hard, so it has been difficult for me to adapt myself to this highly demanding environment."

Numerous responsibilities were also talked about by Midwife 12 who said:

"To adapt to this working environment, we need to be really flexible because maternity department is a highly demanding and dynamic environment."

Due to the difficulty of adapting to the maternity environment because of its numerous responsibilities, some of the midwives revealed that they decided to quit their career. In this regard, Midwife 6 stated:

"Maternity department is full of various responsibilities, as a result I felt quite disappointed in the beginning of the transition program, and I decided to quit the profession. However, I have improved a little, and I want to stay in the profession."

Midwife 8 also stated that she lost her interest in the profession in the beginning of the transition program:

"I decided to quit my profession in the beginning of the transition program, but my friendly and encouraging colleagues changed my mind, and I want to stay in the profession and become a professional midwife."

Midwife 11 also revealed her decision to quit the profession and said:

"During my studies, I didn't think midwifery would be that difficult and demanding in practice. I have decided to

quit the profession, but I'm not quite sure yet. I guess if I can carry out my responsibilities well and my co-workers help me, I may stay in the profession."

Support provided by the maternity personnel was referred to as a significant factor that can change the new midwives' to quit or stay in the profession. In this regard, Midwife 15 said:

"In the beginning of the transition program, I was sure I wanted to quit the profession, but now I want to stay in. This change in my decision is the result of my colleagues' help and support."

Struggle to gain confidence through supportive environment

Most of the midwives referred to their struggle in the new working environment to obtain self-confidence while accomplishing their duties. Part of this confidence gaining struggle was mentioned to be related to the difficulty of putting theoretical knowledge into practice, which in turn hinder the development of self-confidence. In this regard, Midwife 5 stated:

"Because the midwifery department is always crowded and many babies are born every day, we are assigned a lot of responsibilities, which makes it difficult to place yourself and put theory into practice, which all gives me this feeling that I'm not confident enough to perform well as a midwife."

The same confidence gaining difficulty was expressed by Midwife 10 who said:

"I'm quite good at theory and know a lot about all issues that go in a maternity department, but I'm still not confident enough in practice." but I'm sure I can get

sufficient confidence by practicing every day and ask my co-workers for help and advice.”

The same problem was also revealed by Midwife 13 who stated:

“I’m quite sure about my theoretical knowledge, but I doubt myself while doing something in practice. I don’t have sufficient self-confidence, But I’m sure I’ll soon master all tasks here.”

In this regard, Midwife 14 revealed:

“Although I’m better than the first week of the transition period, I still have a long way to go and gain more confidence so I can deliver high quality midwifery services.”

Despite of the difficulty of self-confidence in the maternity ward, the midwives stated that the supporting interactive environment helped them a lot in this regard. For example Midwife 5 revealed:

“Due to the helpful interactive environment of the maternity ward, my self-confidence has improved over the last 2 weeks. I’m sure I’ll be quite confident to deliver all maternity services with high quality.”

Midwife 3 also referred to her experienced helping colleagues and stated that they were vital for her to gain enough self-confidence:

“In the beginning of the transition program, I felt a lot of stress because I was not confident enough to carry out the tasks. But, my experienced co-workers have helped me to perform with more confidence.”

Similarly, Midwife 7 referred to the role of her supportive colleagues in gaining self-confidence and said:

“As a newly graduated midwife, I was not confident at all to deliver maternity services,

but with help of my co-workers, now I feel I am progressing in this regard so fast.”

Moreover, Midwives 14 referred to the significant role of a supportive environment in gaining practical self-confidence:

“The newly graduated midwives are provided with a highly supportive environment which has helped me gain much experience and confidence over a short period of two weeks.”

Supportive environment and colleagues were described by Midwife 2 as follows:

“The great role of the supportive environment and helping colleagues is undeniable. They have helped me a lot, and because of that I feel I’m able to accomplish the responsibilities well.”

Discussion:

Following the thematic analysis of the transcripts of the interviews, two major themes appeared: “Dilemma of staying in or quitting the midwifery profession” and “Struggle to gain confidence through supportive environment”.

The new graduate midwives frequently pointed out that they were stuck in a dilemma and did not know whether to stay in or quit their profession as a midwife. The reason for this dilemma was mentioned to be the nature of the midwifery profession which was described to be dynamic and bring about numerous responsibilities. Similarly, Clements (2012) observed that 11 midwives with postgraduate degrees (17.5%) and 2 with bachelor’s degrees (11.8%) had left midwifery profession during their transition program [1]. Also, Sullivan et al. (2011) conducted a similar

study and demonstrated if the newly graduated midwives are provided with an opportunity to gain enough self-confidence, they will be satisfied with their career, encouraging them to stay in the profession [25].

As revealed by the results of the present study, the new midwifery graduates found it quite challenging to adapt themselves to the demanding working environment of maternity department as a result of enormous number of clients on a daily basis. Adaptation difficulty played a great role in the decision of some of them to quit the profession. In line with this finding, Clements et al. (2013) who conducted a descriptive qualitative study in Australia to outline the expectations and experiences of newly graduated midwives during their transition program reported the midwifery working environment as difficult one to cope with and adapt to by the participating midwives due to their new responsibilities [26]. The midwives in the present study stated that the supportive environment and their helping co-workers helped them overcome the difficulty of adapting to the new workplace. This finding is in agreement with those of the studies conducted by Clements et al. (2013) and Cummins et al. (2015) who also concluded that midwives can adapt themselves and master the practical skills easier if they are provided with support from the maternity personnel in a friendly environment [26, 27]. New responsibilities and thus failure of adaptation caused some of the midwives consider quitting their profession. This finding is well supported by the results reported in the study carried out by Wood et

al. (2013) who referred to failure to adapt to the new environment and master the skills, which lead to dissatisfaction, are the main causes of turnovers in midwifery profession [28, 29].

The novice midwives in the present study revealed that they had a low level of self-confidence during the first weeks of the transition program. This lack of self-confidence was contributed to the midwives' partial failure to put their theoretical knowledge into practice. In agreement with this finding of the current study, Mirzakhani and Shorab (2015) reported that the maternity supervisors believed that the newly graduated midwives had a low level of self-confidence during transition programs, while the midwives personally thought their self-confidence is acceptable [30]. The midwives in the present study stated that their helping co-workers and the supportive environment helped them acquire self-confidence little by little. Similarly, Davis et al. (2011) concluded that recently graduated midwives had a low level of self-confidence which improved following their daily practice and involvement with the assigned tasks and responsibilities in a supportive environment [31].

The new midwifery graduate in the current study also stated that the trust between the old and new midwives and staff and the helpful interactive environment of the maternity ward helped with improvement of their self-confidence. In line with this finding, Cummins et al. (2015) concluded that establishing a trustworthy relationship with the personnel and clients can help the novice midwives improve their self-

confidence [27]. They also referred to the help and advice they received from their co-workers and other midwives as a significant factor in improvement of their wellbeing and self-confidence. This finding is in good agreement with those of the studies carried out by Fenkwich et al. (2012) and Hussein et al. (2017) who indicated that providing if newly graduated midwives are provided with a supportive environment and friendly relationships, they can experience a remarkable decrease in their stress and anxiety and an outstanding rise in their confidence and wellbeing [32, 33].

Conclusion:

The nature of maternity departments, i.e. enormous responsibilities and demands, can cause the newly graduated midwives experience a remarkable lack of self-confidence while performing the assigned tasks and putting their theoretical knowledge into practice, which can ultimately cause them feel dissatisfied and intend to quit their profession. However, providing new midwifery graduates during transition periods with a supportive environment and colleagues can help them acquire sufficient practical self-confidence and stay in the profession. Therefore, all midwifery departments at universities and maternity wards at hospitals are recommended to provide such environments to recently graduated midwives.

References:

1. Clements, V. New graduate midwives' experiences of their transition support programs. Unpublished Maser of Midwifery, 2012; University of Technology

Sydney, Victoria University of Wellington, Wellington, Australia

2. Lukasse M., Lilleengen A.M., Fylkesnes A.M., Henriksen L. Norwegian midwives' opinion of their midwifery education – a mixed methods study. *BMC Medical Education*. 2017; 17:80

3. Newton, J. M., & McKenna, L. (2007). The transitional journey through the graduate year: A focus group study. *International Journal of Nursing Studies*, 44(7), 1231-1237.

4. Ahmadi G, Shahriari M, Keyvanara M, Kohan S. Midwifery students' experiences of learning clinical skills in Iran: a qualitative study. *Int J Med Educ*. 2018;9:64–71. Published 2018 Mar 9. doi:10.5116/ijme.5a88.0344

5. Hunter, Billie & Warren, Lucie. Midwives' Experiences of Workplace Resilience. *Midwifery*. 2014; 30. 10.1016/j.midw.2014.03.010.

6. Dixon, L., Calvert, S., Tumilty, E., Kensington, M., Gray, E., Lennox, S., Pairman, S. Supporting New Zealand graduate midwives to stay in the profession: An evaluation of the Midwifery First Year of Practice programme. *Midwifery*, 205; 31(6): 633-639.

7. Hughes A. J., & Fraser D. M. (2011). 'SINK or SWIM': the experience of newly qualified midwives in England. *Midwifery* 27(3):382-6.

8. Avis M., Mallik M., & Fraser D. M. (2013). 'Practising under your own pin' – a description of the transition experiences of newly qualified midwives. *Journal of Nursing Management* 21(8):1061-71.

9. Young, C. (2011). The experience of burnout in case loading midwives.

Unpublished PhD Thesis. Auckland University of Technology, Auckland.

10. Walpole L. (2011). Understanding stress and burnout in birth suite midwives. Unpublished PhD Thesis. Victoria University.

11. Coyle, D., Thieme, A., Linehan, C et al. Emotional well-being. *International Journal Human-Computer Studies*. 2014; 72(8-9): 627-8.

12. Pezaro, S. The case for developing an online intervention to support midwives in work-related psychological distress. *British Journal of Midwifery*. 2016; 24(11):799-805.

13. Beaumont, E., Durkin, M., Hollins Martin, C. J., & Carson, J. Compassion for others, self-compassion, quality of life and mental well-being measures and their association with compassion fatigue and burnout in student midwives: a quantitative survey. *Midwifery*. 2016; 34:239-44.

14. Mirzakhani, K., & Shorab, N. J. (2015). Study of the self-confidence of midwifery graduates from Mashhad College of nursing and midwifery in fulfilling clinical skills. *Electronic physician*, 7(5), 1284-9.

15. Barry, M. J., Hauck, Y. L., O'Donoghue, T., & Clarke, S. (2014). Newly-graduated midwives transcending barriers: Mechanisms for putting plans into actions. *Midwifery*, 30(8), 962-967.

16. Porter J, Morphet J, Missen K, Raymond A. Preparation for high-acuity clinical placement: confidence levels of final-year nursing students. *Adv Med Educ Pract*. 2013;4:83-89. Published 2013 Apr 30. doi:10.2147/AMEP.S42157

17. Martin, C. J. H., & Bull, P. Does status have more influence than education on the

decisions midwives make? *Clinical Effectiveness in Nursing*. 2004; 8(3), 133-139.

18. Davis, D., Foureur, M., Clements, V., Brodie, P., & Herbison, P. The self-reported confidence of newly graduated midwives before and after their first year of practice in Sydney, Australia. *Women and Birth*. 2011; 25(3), e1-e10.

19. Ba'ck L, Hildingsson I, Sjöqvist C, Karlström A. Developing competence and confidence in midwifery-focus groups with Swedish midwives. *Women and Birth*. 2017;30(1):e32-e8.

20. Cummins AM, Catling C, Homer CSE. Enabling new graduate midwives to work in midwifery continuity of care models: a conceptual model for implementation. *Women Birth*. 2017;31:343.

21. Jamshed S. Qualitative research method-interviewing and observation. *J Basic Clin Pharm*. 2014;5(4):87-88.

22. van Manen, M. Writing qualitatively, or the demands of writing. *Qualitative Health Research*. 2006; 16: 713-722.

23. Shenton, A. K. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*. 2004; 22: 63-75.

24. Devadas, B. (2016). A Critical Review of Qualitative Research Methods in Evaluating Nursing Curriculum Models: Implication for Nursing Education in the Arab World. *Journal of Education and Practice*. 2016; 7(7): 2222-2288.

25. Sullivan, K., Lock, L., & Homer, C. S. E. (2011). Factors that contribute to midwives staying in midwifery: A study in one area health service in New South Wales, Australia. *Midwifery*. 2011; 27(3): 331-335.

26. Clements, V., Davis, D., Fenwick, J. H. Continuity of care: supporting new graduates to grow into confident practitioners. *Int. J. Childbirth.* 2013; 3: 3–12.
27. Cummins, A.M.; Denney-Wilson, E.; & Homer, C. S. E. The experiences of new graduate midwives working in midwifery continuity of care models in Australia. *Midwifery.* 2015; 31(4):438-44.
28. Wood ME, Mansoor GF, Hashemy P, Namey E, Gohar F, Ayoubi SF, Todd CS: Factors influencing the retention of midwives in the public sector in Afghanistan: a qualitative assessment of midwives in eight provinces. *Midwifery.* 2013, 29: 1137-1144.
29. Rouleau D, Fournier P, Philibert A, Mbengue B, Dumont A: The effects of midwives' job satisfaction on burnout, intention to quit and turnover: a longitudinal study in Senegal. *Hum Res Health.* 2012, 10: 9.
30. Mirzakhani, K., & Shorab, N. J. Study of the self-confidence of midwifery graduates from Mashhad College of nursing and midwifery in fulfilling clinical skills. *Electronic physician.* 2015; 7(5), 1284-9.
31. Davis, D., Foureur, M., Clements, V., Brodie, P. & Herbison, P. The self-reported confidence of newly graduated midwives before and after their first year of practice in Sydney, Australia', *Women Birth.* 2012 Sep;25(3):e1-10. doi: 10.1016/j.wombi.2011.03.005. Epub 2011 Apr 20.
32. Fenwick, J., Hammond, A., Raymond, J., Smith, R., Gray, J., Foureur, M., Homer, C. & Symon, A. (2012). Surviving, not thriving: a qualitative study of newly qualified midwives. *Journal of Clinical Nursing*, 21, 2054-2063.
33. Hussein, R., Everett, B., Ramjan, L. M., Hu, W., & Salamonson, Y. New graduate nurses' experiences in a clinical specialty: a follow up study of newcomer perceptions of transitional support. *BMC nursing.* 2017; 16, 42. doi:10.1186/s12912-017-0236-0.